

Customer No. 28880

RECEIVED  
CENTRAL FAX CENTER

Confirmation No. 1072

AUG 01 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2005. OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/770,894	
	Filing Date	February 3, 2004	
	First Named Inventor	William W. McWhorter, Jr.	
	Art Unit	1624	
	Examiner Name	Kahsay Habte	
Total Number of Pages in This Submission	11	Attorney Docket Number	Pharmacia 00560, Div.1 (PC27010)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Authorization to charge the fee and any additional fees as necessary or credit any overpayment to deposit account 23-0455 is hereby given.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pharmacia & Upjohn Company	
Signature	<i>Suzanne M. Harvey</i>	
Printed name	Suzanne M. Harvey	
Date	<i>August 1, 2005</i>	Reg. No. 42,640

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Cerene A. Boudrie</i>	
Typed or printed name	Cerene A. Boudrie	Date <i>August 1, 2005</i>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

USPTO Fax No. 571-273-8300

Confirmation No. 1072

**RECEIVED**  
**CENTRAL FAX CENTER**

**"Official"**

**AUG 01 2005**

Pharmacia 00560.Div 1 (PC 27010)

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

**APPLICANT : William W. McWhorter, Jr.**

**EXAMINER : Kahsay Habte**

**SERIAL NO. : 10/770,894**

**ART UNIT : 1624**

**FILED : February 3, 2004**

**PAPER NO. :**

**FOR : THERAPEUTIC 5-HT LIGAND COMPOUNDS**

**RESPONSE UNDER 37 CFR § 1.111(a)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated June 1, 2005, the Applicants respectfully request reconsideration of the above-identified application in view of the following remarks.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks** begin on page 9 of this paper.